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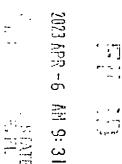
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations Advantage Notary Service LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Derck Swenson Name of Person Advantage Notary Service LLC Firm/Company 19815 NW 10th St. Address Pembroke Pines FL. 33029 City/State and Zip Code DerekSwenson@ADVnotary.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Derck Swenson Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ■ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: **Mailing Address:** Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Advantage Notary Service LLC				
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our ted Liability Company)	records.)		
The Articles of Organization for this Limited Liability Compa	any were filed on 02/06/2023		and ass	igned
Florida document number L23000066969				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited l</u>	liability company here:			
The new name must be distinguishable and contain the words "Limited L	.iability Company," the designation	"LLC" or the abbrevi	ation "L.	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	ù	·:	<u> </u>	
			س <u>ک</u>	- 17
			हों 1	r== 1 1== 1
Enter new mailing address, if applicable:		•	Ö	ı
(Mailing address MAY BE A POST OFFICE BOX)				
Maning dates MAT DE ATOST OFFICE DOA			- \(\text{i} \)	*
			<u> </u>	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, g	enter the name of	the nev	v registei
Name of New Registered Agent:				
New Registered Office Address:			· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street	adaress		
	ZU.	, Florida		
	City	/.	ip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Lourdes Swenson	19815 NW 10th St. Pembroke Pines FL. 33029	
			□Change
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If amending any other information, enter change(s) here: (Attach additional sa	•	.		
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Effective date, if other than the date of filing:	(optiona	l)		
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more that Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	n 90 days after filit tirements, this da	ig.) Puri te will	suant to 6 not be li	05.0207 sted as
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the rd is filed.	earlier of: (b)	The 90t	th day af	ter the
03/30/2023 Dated		: ·	2023	
Dated 03/30/2023			1023 APR -6	• • • • • • • • • • • • • • • • • • •
Signature of a member or authorized representative of a m	nember		<u> </u>	, •
Derek Swenson			9	زُب.

Typed or printed name of signee